

COMBINED VOLVULUS AND HERNIA THROUGH A RECENT MESENTERIC SLIT.

RESECTION OF FIVE AND ONE-HALF FEET OF INTESTINE;
DEATH ON NINTH DAY.

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A MUSCULAR colored man, aged forty years, was admitted to the Colon Hospital, Isthmian Canal Commission, during the afternoon of March 1, 1905. Patient gave a history of perfect health up to seven o'clock that morning, when he began to have acute abdominal pain, referred to the umbilicus, severe in character, and changing from intermittent to constant. He had been engaged in some light work at the time the pain began, and no history of strain or heavy lifting could be secured. Vomiting had occurred once (about noon), and the bowels had not moved, not even gas passing per rectum. Eructations of gas occurred at infrequent intervals. At 5 P.M., when examined, the pain was less severe than it had been earlier in the day, and periods of comparative comfort were experienced; the patient's expression, however, was anxious, and the face was often covered with perspiration. There was no history of errors of diet nor of previous abdominal disease. Temperature, 98° F.; pulse, 62, and quite good.

Examination of the abdomen showed slight rigidity of recti, but very little resistance to deep, firm pressure; no tumor and no active peristaltic movements could be felt. The question of operation was considered, but it was decided that the symptoms did not warrant such a procedure at that time. An enema failed to secure more than a very small amount of fecal matter, evidently from the lower bowel; there was no blood. Nothing was given by the mouth and stimulation was secured by hypodermics.

During the night there was moderate pain, and the temperature rose to 99.5° F.; pulse, 85. An examination made early the next morning revealed a very different picture from that of

the night before. The abdomen was tense, tender, and resistant; a mass could be plainly felt in the lower right quadrant, and no bowel movement had taken place. The general condition was not good. A "provisional" diagnosis of volvulus having been made, an immediate operation was prepared for. The patient reached the operating table about nine o'clock.

Operation.—Section was through the right rectus over the mass. On reaching the peritoneum, this was seen to bulge strongly outward, and, on being opened, a jet of foul-smelling, dark fluid spurted from the abdomen. A large knuckle of black intestine lay immediately below the incision, and, after freeing the cavity of fluid, it was delivered. It appeared to be a simple volvulus, and was partially untwisted. There remained, however, a considerable portion of it which could not be so freed, and it was soon discovered that this consisted of a mass of intestine which had forced itself through a recent rent in the mesentery and had become strangulated (Fig. 1). As the entire mass was black and without circulation, a resection was done; five and a half feet of the lower ileum were removed and an end-to-end anastomosis done with fine silk, no Murphy button being available. The anastomosis was within an inch of the ileocecal valve, and the appendix, lying in close contact with it, was removed. The abdomen was partially closed after thorough irrigation with salt solution, and several gauze strips were left in for drainage.

The patient reacted well from the operation, and on the fourth day had a large semisolid stool. Similar movements occurred on the fifth and sixth days. The drainage strips were removed on the fourth day, and, until the evening of the seventh day, the temperature was not above 99° F., and the general condition was good. The pulse, however, remained rapid, only dropping to 90 on one occasion. Nutrient enemas were retained, and there was no nausea.

The pulse became weaker, and death occurred on March 10, nine days after operation, from general peritonitis.

The case was of special interest because of the comparatively slight reaction on the first day, and the unusual combination of a volvulus and a large mass of intestine strangulated through a mesenteric rent, evidently of recent origin, and occurring without a history of any strain or trauma to cause it.



FIG. 1.—Knuckle of intestine herniated through rent in mesentery, and strangulated; director passes through the mesenteric opening.